2007 FOR PROFIT CORPORATION REINSTATEMENT

		1421110	~!	<u></u>	•			,			
DOCUMENT # P05000118834  1. Entity Name DIRECT R US INC.									F1L1 07 OCT -5	_	6
Principal Place	e of Business		N	lailing Address				11./	SECDETAGE	-	•
5130 ALAVIS	STA DR		,	5130 ALAVISTA DR				DA K	SECRETAR ( ) TALLAHASSEE	J STATE	
ORLANDO, FL 32837 US				ORLANDO, FL 32837 US				NAV	I BELANASSEE	s, FLORIDA	1
2. Principal Place of Business - No P.O. Box #				Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			092420074 11 Liliana	RENATE CO	2E098 (1/07)	2007 	
City & State				City & State				4. FEI Numb 54-218		<del>  -   ·</del>	piled For at Applicable
Zip		Country		Zip	Coun	try		5. Certificate	e of Status Desired	\$8.75 Add Fee Required	
	6. Name	and Address of Currer	stered Agent	l			7. Name and	d Address of New Registers	<u> </u>		
	<u> </u>		Name								
VENTURA				-		<u> </u>					
5130 ALA\		_		Street Address			P.O. Box Numb	per is Not Acceptable)			
ORLANDO	), FL 3283	57							· · · · · · · · · · · · · · · · · · ·		
						City			F	Zip Code	e
						1					
			for the	purpose of changing its	register	ed office or re	gistei	red agent, or bo	oth, in the State of Florida. I a	m familiar with,	and accept
the obligations of registered agenty.											
signature l'écripa l'entora 10/02/07											
	Signature, typed o	or printed name at prostered age	nt and title	d applicable. (NOT	E: Register	ed Agent signatur	requi	red when reinstating	DAT	£	
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00									In accordance with s. 6 corporation did not rece	07.193(2)(b), eive the prior r	F.S., the notice.
10.		OFFICERS AN	D DIRE	CTORS	11.			ADDITIONS	/CHANGES TO OFFICERS A	ND DIRECTORS	S (N 11
TITLE	Р			☐ Delete	TITL	E				☐ Change	☐ Addition
NAME	PIERINA,	VENTURA			NAM	IE		4	notinees	RE54	1
STREET ADDRESS	5130 ALA\					EET ADDRESS		10/0	00110325 	9 **150.	. 00
CITY-ST-ZIP	<del> </del>	), FL 32837			CITY	-ST-ZIP					
TITLE	VP			☐ Delete	TITL	l l				Change	Addition
NAME	JOSE, VEI				NAM	- 1					1
STREET ADDRESS	5130 ALA\					EET ADDRESS					
CITY-ST-ZIP	OKLANDO	D, FL 32837			_	-ST-ZIP					
TITLE	LOBENA	CHIDINO		Delete	TITL	1				☐ Change	Addition
NAME STREET ADDRESS	LORENA,				NAM	- ,					
CITY-ST-ZIP	5130 ALA	0, FL 32837				EET ADDRESS '-ST-ZIP					
	ONDANDO	7,12 02007			_					Channe	- Addition
TITLE NAME				☐ Delete	TITLI	I .				☐ Change	Addition
STREET ADDRESS					1	EET ADDRESS					
CITY-ST-ZIP						'-ST-ZIP					
TITLE	†			☐ Delete	TITL	E				☐ Change	Addition
NAME	1			Donoic	NAM	I .				4.mide	
STREET ADDRESS						EET ADDRESS					
CITY-ST-ZIP					CITY	'-ST-ZIP					
TIFLE				☐ Delete	TITL	E				☐ Change	☐ Addition
NAME					NAM					_ ,	_
STREET ADDRESS					STRE	EET ADDRESS					
CITY-ST-ZEP					CITY	'-ST-ZIP					į
12. I hereby	certify that the	information supplied w	ith this	filing does not qualify fo	r the ex	emptions cont	ainec	in Chapter 11	9, Florida Statutes. I further of	ertify that the in	formation
I indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director											
of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.											
CICHATURE. (X) - Posing lbntom intolog (undage zich											
SIGNATURE:    SIGNATURE AND TYPED PAR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Da											
		SIGNAL AND THE BOOK	<u>'</u>		JA DINEY					Julyerna Filolog W	